File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 98 MAR 25 PM 1: 44 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 SECKETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M95000000286** 1a. Principal Place of Business Address GENCOM LESSEE COMPANY, LLC ONE WESTCHASE CENTER ONE WESTCHASE CENTER 10777 WESTHEIMER, SUITE 1000 10777 WESTHEIMER, SUITE 1000 HOUSTON TX 77042 HOUSTON TX 77042 3a. State of Formation 3. Date Organized or Qualified 2a. Mailing Address 2. Principal Place of Business 09/29/1995 TX Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 76-0479071 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Hequired 02/17/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE __ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title MGRM ALIBHAI, KARIM 10777 WESTHEIMER, SUITE 10 HOUSTON TX ****188.75 ****188.75

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 3-17-98 1139521800

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the

CONTACTOR AND TAKE OF DEPOTE NAME OF SIGNING MANAGING MEMBER OR MANAGE

Date Daytime Phone